

Greene  
9/6/01

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	MD	579	7/25/01 6/1/01
<b>RESPONSE FORMALITY REVIEW</b>	57	905	9/05/01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
- (Through numeral) ... Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	9/1/01
2	2	2	9/1/01
3	3	3	9/1/01
4	4	4	9/1/01
5	5	5	9/1/01
6	6	6	9/1/01
7	7	7	9/1/01
8	8	8	9/1/01
9	9	9	9/1/01
10	10	10	9/1/01
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47	47	47	9/1/01
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49	49	49	9/1/01
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy

10/1  
35/01